



**COUNTY OF FAIRFAX**  
**Department of Planning and Zoning**  
**Zoning Evaluation Division**  
 12055 Government Center Parkway, Suite 801  
 Fairfax, VA 22035 (703) 324-1290, TTY 711  
[www.fairfaxcounty.gov/dpz/zoning/applications](http://www.fairfaxcounty.gov/dpz/zoning/applications)

**APPLICATION No:** SP 2014-SR-072  
 (Staff will assign)

**RECEIVED**  
 Department of Planning & Zoning

**JAN 06 2014**  
 Zoning Evaluation Division  
 5/19/14  
 [Signature]

**APPLICATION FOR A SPECIAL PERMIT**  
 (PLEASE TYPE or PRINT IN BLACK INK)

<b>APPLICANT</b>	<b>NAME</b> Katherine Michelle Hawthorne <i>D/B/A Little Treasures Family Daycare</i>
	<b>MAILING ADDRESS</b> 4330 Pergate Lane Fairfax, VA 22033
	<b>PHONE HOME</b> (703) 961 9110 <b>WORK</b> (703) 961 9110
	<b>PHONE MOBILE</b> (703) 328 3079 <b>EMAIL</b> littletreasuresfamilydaycare@gmail.com
<b>PROPERTY INFORMATION</b>	<b>PROPERTY ADDRESS</b> 4330 Pergate Lane Fairfax, VA 22033
	<b>TAX MAP NO.</b> 0453 02120001 <b>SIZE (ACRES/SQ FT)</b> <i>11514</i> 9,867 SQ FT
	<b>ZONING DISTRICT</b> <i>R-3C WS</i> <b>MAGISTERIAL DISTRICT</b> <i>Springfield</i>
	<b>PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:</b>
<b>SPECIAL PERMIT REQUEST INFORMATION</b>	<b>ZONING ORDINANCE SECTION</b> 8-006 and 8-305
	<b>PROPOSED USE</b> Home Child Care
<b>AGENT/CONTACT INFORMATION</b>	<b>NAME</b> Katherine Hawthorne
	<b>MAILING ADDRESS</b> 4330 Pergate Lane Fairfax, VA 22033
	<b>PHONE HOME</b> (703) 961 9110 <b>WORK</b> (703) 961 9110
	<b>PHONE MOBILE</b> (703) 328 3079 <b>EMAIL</b> littletreasuresfamilydaycare@gmail.com
<b>MAILING</b>	<b>Send all correspondence to (check one):</b> <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact
<p>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</p> <p>Katherine M. Hawthorne</p> <p><b>TYPE/PRINT NAME OF APPLICANT/AGENT</b> <i>Deborah Leslie Johnston</i> <b>SIGNATURE OF APPLICANT/AGENT</b> <i>Katherine M. Hawthorne</i></p>	

DO NOT WRITE IN THIS SPACE

Date Application accepted: 5/19/14 Application Fee Paid: \$ 435.00